

42 C. *Angina Pectoris*

#15

good
Angina pectoris

Paid March 12th 1824

W. E. H.

Dean

①
H. P. M.
m

An Inaugural Dissertation,

*Submitted to the
Faculty
of the*

University of Pennsylvania;

for the Degree of

Doctor of Medicine;
by,

Philip G. Randolph
of
Virginia. -

- 1823 -

In August 1841

delivered to the

Library

of the

University of Pennsylvania

for the purpose of

Order of the

of

Philip A. Knapp

of

Philadelphia

1842

Angina Pectoris.

Nothing original can be offered on the nature of a disease which has been so thoroughly discussed by men of the highest rank in the medical profession.

Amidst the numerous & conflicting theories already announced to the medical world we shall discover some traces of ingenuity enveloped by a host of the most flagrant absurdities.

In attempting to cull from the various opinions of authors who have treated of this disease, what appears worthy to arrest our attention I have involved myself in a task of some difficulty.

The hypotheses of the present day, though aided by all the powers of sound ratiocination and embellished by all the beauties of rhetoric, may yet be the throne of ludicrous jest or vulgar ribaldry. We may indulge a hope that such a fate does not await them all; but that some will defy the test of scrutiny and the ordeal of time.

2

The disease now in question is fortunately one of rare occurrence, so much so, indeed as to admit a doubt whether it exists as described by authors.

It commences its attack frequently without any premonitory symptoms, while the patient is sitting or standing in a state of quiescence both bodily & mental. The patient is then seized with an acute pain in the breast, or at the extremity of the sternum inclining to the left side, & extending into the arm as far as the insertion of the deltoid muscle.

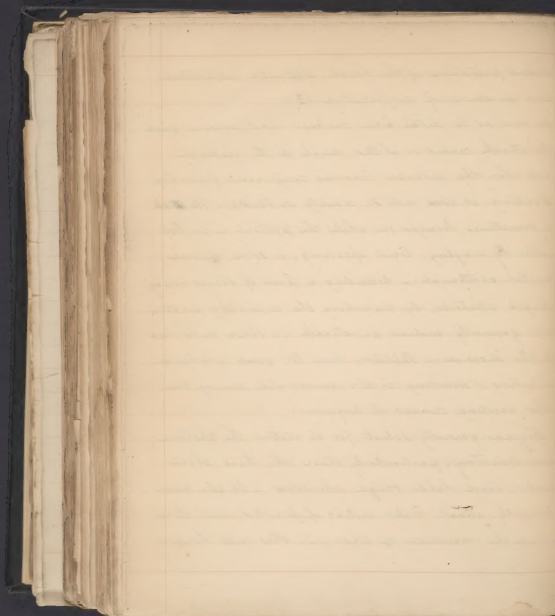
These symptoms are aggravated by a sense of suffocation and a distressing apprehension of impending dissolution.

The attack, however, generally comes on more gradually, and is then characterised by the following symptoms. — A person while fatigued either with walking or some other exertion, is seized with a violent constrictory pain at the lower end of the sternum inclining to the left side, and extending into the arm as far as the insertion of the deltoid muscle, or even to the ends of the fingers, accompanied with a

violent palpitation of the heart, difficult respiration,
and a sense of suffocation &c.

As soon as he desists from exercise and remains quiet
the attack ceases or abates much of its violence:
but when the disease becomes confirmed from long
standing it does not so readily subside. The attack
is sometimes brought on while the patient is in bed,
either by coughing, loud speaking, or some undue
mental excitement. - Ascending a pair of stairs or any
height whatever, by disturbing the respiratory functions
will generally induce an attack in those predisposed
to the disease. - Repletion from too great indulgence
in eating & drinking is also enumerated among the
other exciting causes of Angina.

Angina generally selects for its victim the plethoric
and sedentary, particularly those who have short
necks, large heads, & high shoulders. - It also most
frequently attacks males instead of females, and those
about the meridian of life. - To this rule however,



there are some exceptions. - In those cases it has attacked persons very dissimilar in appearance & temperament, being of a thin, chastic habit. -

The pathology of this disease is one of the most fruitful themes of controversy in the science of medicine & little advance has been made towards a development of the mystery. -

To Dr Heberden we are indebted for the first treatise on the subject, published about sixty years ago. -

About the same time many eminent physicians attempted to investigate its nature, which resulted in a belief that it was spasmodic. To show that their hypothesis was not well founded we may observe that they were unable to designate the part affected.

The researches of Dr Parry have led him to a very different conclusion. He thinks in reality it is nothing more than a case of syncope, which Dr Cullen defines *Motus cordis immixtus vel aliquamdiu quiescens* and as differing from common syncope only in being pre-



acted by an unusual degree of pain, and finally about
the terminum and in being brought on in a state of app-
arent health by violent muscular exertion. In many cases
the cause of the disease he traces to an ossification in
the coronary arteries of the heart. - He says: I use
his own words, the rigidity of the coronary arteries thus
induced may act, proportionately to the extent of the
ossification, as a mechanical impediment to the
motion of the heart. and though a quantity of blood
may circulate through these arteries sufficient to
nourish the heart, as appears in some instances,
from the size & firmness of that organ yet there
may probably be less than what is requisite for
a ready & vigorous action. - Hence though a heart
thus diseased may be fit for the purposes of com-
mon circulation during a state of mental & bodily
tranquility, and of health otherwise good; yet when
any unusual exertion is required the powers
may fail under the new & extraordinary demands.



In accordance with his paroxysmal theory, he endeavored to prove that all the symptoms of angina are the effect of blood retarded and accumulated in the heart & large vessels in its vicinity: and that the causes exciting the paroxysm are those which produce this accumulation: either by mechanical pressure or by stimulating in an excessive degree the circulating system in consequence of which the heart weakened by the malorganization readily sinks into a state of quiescence while the blood continues to advance in the veins.

In opposition to this theory it appears, on the authority of Dr. Chapman that 'post mortem examinations do not always reveal the same diseased appearances of the heart, and in some cases where suffocation has been present angina was not the result. Such unity of morbid appearances are discovered on dissecting those who have died of angina as to invalidate if not entirely to refute the hypothesis.



of Dr Parry.

The theory of Dr Parry is supported by the authority
of Thomas who thinks that it is either a direct lesion
of the coronary arteries of the heart or
is some organic lesion (usually of an atherosclerotic
nature) occurring at the origin of the circulation.

Another doctrine totally different from those already stated
was advanced by Dr Lawren whose high authority can
tilt even this matter to some degree of respect.

He considered angina pectoris a species of asthma
and from this the disease has derived its name,
asthma pectoris.

The apparent analogy existing between these two diseases
gives plausibility at least to his theory though
on a strict examination of the symptoms they are
found to differ materially. Asthma usually ap-
pears a more chronic form, being most frequently
preceded by symptoms which indicate the nature
of the impending malady and give time to the Physician



to ward off its attack, or mitigate its violence -

Dr Hosack of New York attributes the disease to a plethora of the blood vessels and more especially, in disproportionate accumulation in the vessels of the heart. The opinion of that eminent physician, always entitled to respect is rendered more plausible by the historic habit of those who have fallen victims to the disease. Dissections of such, after he have shown the vessels in a state of distension; effusions of water in the Thorax; vast accumulations of fat; and sometimes bony deposits in the vessels & valves of the heart.

It is objected to this doctrine by Dr. Chapman that if mere plethora of the vessels of the heart were the cause an attack of Angina would ensue always as a consequence of such fullness. Plethora however, we know does sometimes exist without inducing an attack of Angina; instances we have in palpitations which are sometimes attributable to plethora.

Cases of Angina are recorded in patients where from the



marked debility & emaciation plethora could not possibly
have existed but as an effect of the disease.

In this case it appears that Dr Hosack has mistaken
the effect for the cause: as the last cited case fully
proves. -

Dr Chapman considered Angina Pectoris of an arthritic
character; in support of his opinion he cites several
cases which seem obviously to warrant such a
conclusion. - A Gentleman of this city was supposed
by his physicians to be labouring under an attack
of Angina Pectoris. Dr Chapman being called in
administered the volatile alkali internally with other
diffusible stimulants, and applied venesection
to the feet: in a short time a regular attack of
Rheumatism was induced: as soon however as the
stimulating effects subsided the disease receded to
its original seat instantaneously. -

Another case which still more strongly warrants
the idea of its arthritic character is the following

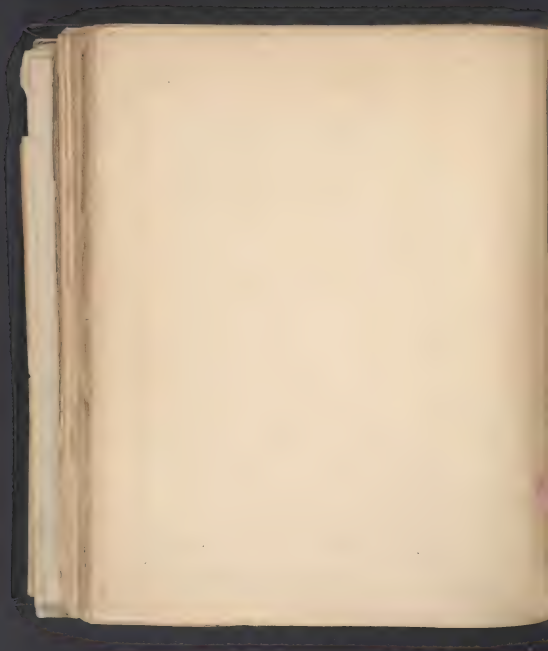


A Lady who had been supposed by Dr. Rahn to have
been affected with Angina drank an infusion of
red pepper which drove the disease to the gut,
& thus Pothagra was in like manner produced.

These cases are so conclusive as to preclude the
necessity of making farther comment. -
Much more might be said in its support; but
for the sake of brevity I shall not satisfy
with what has already been adduced. -

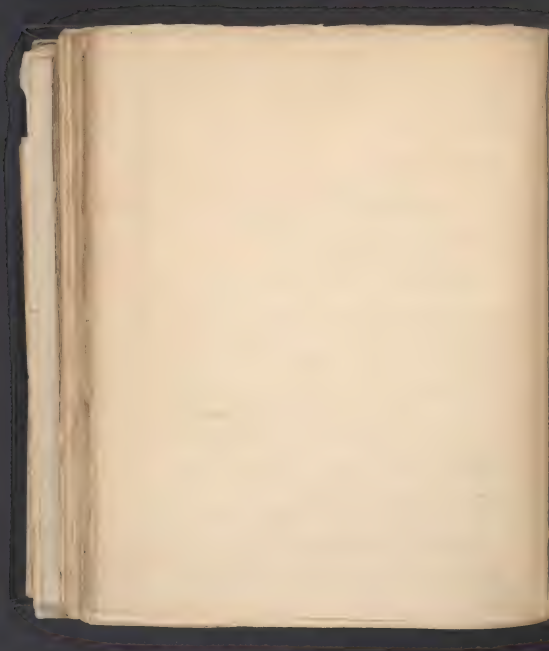
Dissections present such a variety of phenomena as
to find no clue for an investigation into this mys-
terious disease. - Various morbid appearances, as al-
ready observed, are sometimes revealed on dissection
in this disease: such as effusions, dilatations of
the vessels, and depositions of matter. - Effusions of
water are sometimes discovered, & long deposits are
frequently found in the valves of the heart. -

With regard to the prognosis of this disease
I will only observe that the disease is considered dan-



grows in, in proportion to the violence and frequency of
the attack & age of the patient. When it really de-
pends upon an affection of the coronary arteries
or any organic lesion a cure is not to be expected
but if the patient be young & robust & the disease
gradual in its approach & moderate in its violence,
without any organic derangement, a cure may
be reasonably expected. —

The treatment of this disease is as various
as the different theories with regard to its pathology.
The supporters of the spasmodic theory declining
their practice from what they consider the real
nature of the disease, rely, almost entirely upon
the anti-spasmodics, such as Ether, Camphor, Musk
& their various combinations, aided by moderate
venesection. Such however is not the adopted
practice of the present day. — The most approved
plan of treatment in this country is that taught
by the Profrigor of the theory & practice in the limiting



of Pennsylvania. - He divides the practice into that which is proper during the paroxysm, & that which is to be pursued during the interval -

The patient as soon as attacked should be placed in a state of perfect rest. If the symptoms are then urgent accompanied by a strong vigorous pulse venesection should be resorted to as far as circumstances will admit - The quantity of blood to be drawn may vary from fifteen to twenty ounces, unless debility should supervene, in that case a smaller quantity will suffice. As a general rule the orifice of the vein should not be closed until some decided effect is produced. If we close the orifice after ~~abstracting~~ abstracting a few ounces of blood from an apprehension of the exhaustion that may ensue, the remedy will be totally inefficient. Such is frequently the urgency of the case that a copious abstraction of blood is demanded ~~ex-stantor~~ instantly: in such a case the orifice

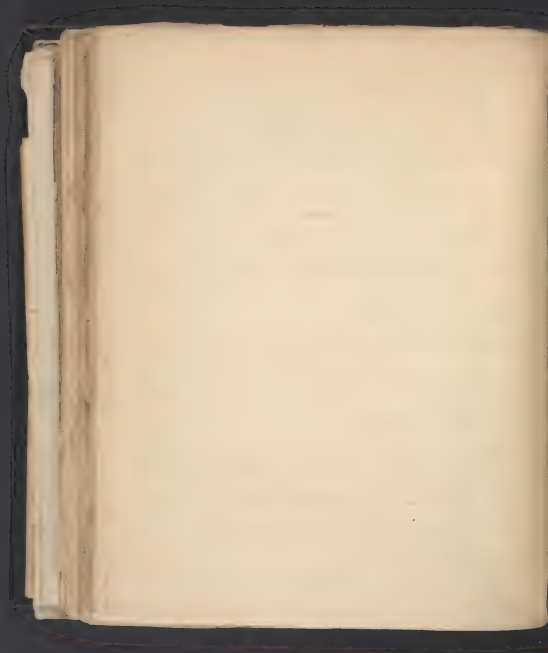


should be large enough to admit the passage of a
bold stream. General depletion may be counter-
indicated or rendered ineffectual. In such a case
a local detraction by cups applied to the Thorax
may be resorted to with advantage. As auxiliary
to the last mentioned remedy the application of a blister
to the breast will be found serviceable.

Due attention will be next called to the vomels, which should
be freely evacuated by an active purge such as Calomel
with its usual adjuncts.

After the disease has abated its violence and arterial
action reduced by previous depletion the antispasmodics
such as laudanum, ether &c may be called into requisition
with much advantage.

If called at the very commencement of an attack,
a large dose of laudanum or ether will frequently
afford great relief, but after depletion has been
pursued to some extent these remedies will be found
very effectual.



The remedies that next present themselves are those proper during the interval between the paroxysms, or those which are used with a view to prevent a recurrence of the attack. - These are either topical or general.

The importance of establishing a counter irritation or drain in this disease, seems to have attracted the attention of most medical practitioners. -

Dr. Searsin appears among the first advocates for the practice of employing issues in the cure of this disease. - He recommends their application to the inside of the thigh; large enough to contain two peas each. These however were found objectionable on account of the difficulty in persuading the patients to adopt the remedy.

Cases are recorded where this practice has proved eminently beneficial. - The practice is now nearly obsolete and is now superseded by the use of the tartar-emetic plaster. - "The peculiar irritation" of the tartar-emetic plaster when applied to the chest appears



more durable than the old plan of establishing a train by the application of a perpetual blister to the same part. An irritation of a very peculiar as well as a very poisonous nature succeeds the application of the plaster. This eruption proves very difficult of cure and consequently keeps up a more permanent drain. Tartar emetic may be applied either in the form of a plaster, or of cloths wring out in a solution of it.

Perpetual blisters applied to the ribs are found beneficial, and were formerly substituted for the issues on the inside of the thigh.

The general remedies are the tonics relied on for the cure of nervous & spasmodic affections.

The vegetable tonics such as Bark, Colombo, &c. have lost much of their former reputation and are now seldom employed in the cure of their disease. The mineral tonics have supplanted the vegetable and now secure all the confidence

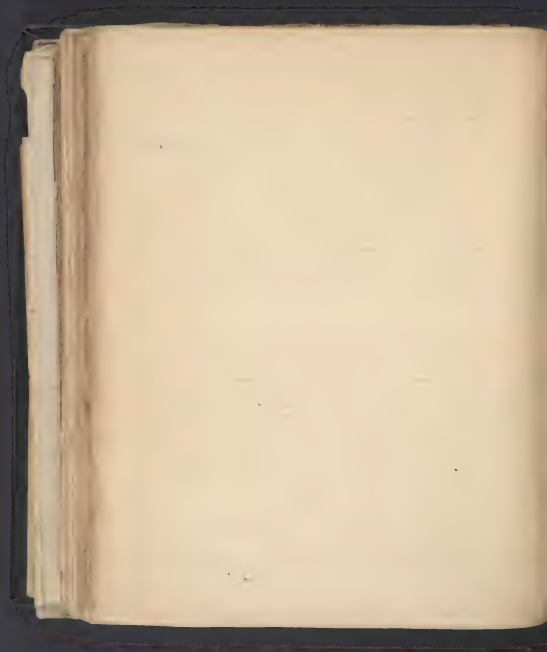


62
one bestowed on the latter. The most approved
of this class of remedies are the Sulphates of Copper &
Zinc, and Nitrate of Silver. - It appears on the
authority of Dr. Rush that cures have been effected
by the use of the Sulphate of Zinc. Dr. Chopman
says nothing of these medicines. It may be fairly
presumed, however, that they are entitled to some
credit from their having secured the sanction
of Dr. Rush.

To prevent a recurrence of the attack, all
the exciting causes should be sedulously avoided.

The diet should be light & nutritive & small in
quantity, though it may be frequently taken. All
fermented liquors should be avoided, as they are
liable to induce gastric distention which is frequ-
ently a concomitant of the disease.

Exercise duly regulated is very beneficial.
It should be taken on horse-back in preference



to any other mode - Should a tendency to pleth-
ora recur it should be obviated by an abstemious
diet and evacuant remedies. —

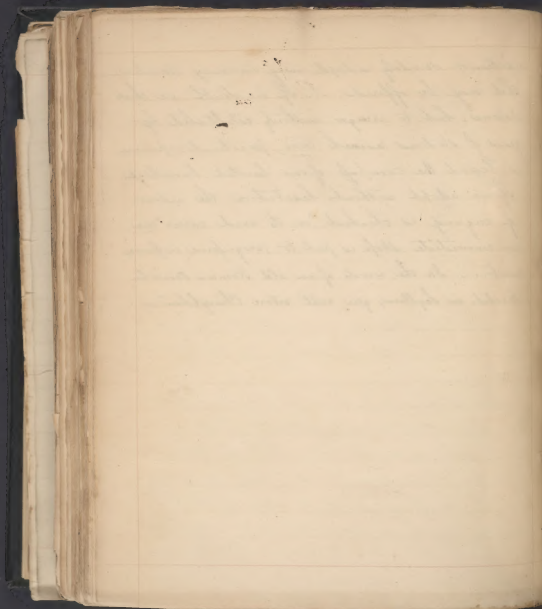
In this brief essay, I have adhered scrupulously
to my original intention & have not advanced
any thing for which I cannot cite respectable
authority. — The few comments I have made are
obviously deducible from the data by which
I have been governed: — If not I have erred from
a defect of judgment, not with the malicious
intention of basely perverting the opinions of
others —

This treatise will serve at best to show
the difficulties & embarrassments which we encounter
in deciding on subjects which are still the
themes of controversy among men of science.

We are forced to doubt authority which our
limited experience does not allow us entirely to,



refute, or servilely adopt every visionary speculation
that may be offered. - If we doubt we should
disprove, but to assign authority established by
years of studious research (and) practical experience
is beyond the compass of our limited knowledge.
If we adopt without hesitation the ardour
of enquiry is checked "in its mid career" (and)
an immediate stop is put to progressive improve-
ment. - In the words of an old Roman proverb
"Incidit in Scyllam, qui vult vitare Charybdis". -



~~Camp~~

1809

Sydney the Cordelia Hamilton

Commander-in-Chief

at the

Annual Inauguration

of the University of

the State of New York

the

Medical College

of the

University of Pennsylvania

by the

Faculty of Medicine

at the

City of Philadelphia

1800

1801

1802

1803

1804

1805

1806

1807

1808

1809

1810